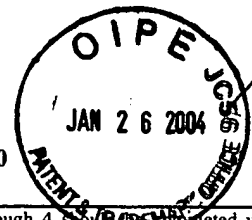


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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Commissioner for Patents
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Susan M. Dillon	(Depositor's name)
<i>Susan M Dillon</i>	(Signature)
January 22, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/506,362	02/16/2000	David Clive Williams	49592 (1878)	6693

TITLE OF INVENTION: APOPTOSIS-INDUCING COMPOUNDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	02/25/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
FORD, JOHN M	1624	514-211120

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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- Peter F. Corless
- Christine C. O'Day
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(1) Italy,

(2) The Provost, Fellows and Scholars of the College of the Holy and Undivided Trinity of
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1-22-04

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01/29/2004 HVUONG2 00000052 09506362

01 FC:1501
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Applicant's Docket No. 49592 (71878)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: D. Williams et al.
Application No.: 09/506,362 Group No.: 1624
Filed: February 16, 2000 Examiner: J. Ford
For: APOPTOSIS-INDUCING COMPOUNDS

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
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TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. SECTION 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.
2. Fee (37 C.F.R. section 1.18(a) and (b)):

Application status is:	Regular	Design
<input type="checkbox"/> small business entity fee	<input type="checkbox"/> \$ 665.00	<input type="checkbox"/> \$230.00
<input checked="" type="checkbox"/> other than a small entity fee	<input checked="" type="checkbox"/> \$1,330.00	<input type="checkbox"/> \$460.00
3. Publication fee	<input type="checkbox"/> \$ 300.00	
4. Advanced order of soft copies of patent fee	<input checked="" type="checkbox"/> \$ 30.00	

Total Fee Enclosed: \$ 1,360.00

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Susan M Dillon
Signature

Date: 1/22/04

Susan M Dillon
(type or print name of person certifying)

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☐ Charge Account _____ the sum of \$ _____.

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SIGNATURE OF PRACTITIONER

Reg. No. 38,256

Christine C. O'Day

(type or print name of practitioner)

Tel. No. (617) 439-4444

EDWARDS & ANGELL, LLP

P.O. Box 9169

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